PCT

REQUEST

For receiving Office use only	
International Application No.	
International Filing Date	_
Name of receiving Office and "PCT International Application"	

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty. Applicant's or agent's file reference Applicant's are agent Applicant's are agent Applicant's are agent Applicant's are agent Applicant's and Applicant's agent Applicant's registration Applicant's registration Applicant's registration Applicant's registration Applicant's registration Appl		International Filing Da	te	
Box No. I TITLE OF INVENTION A method and system for transforming a heterogeneous compound document to a desired formats based on a prescribed model Box No. II APPLICANT Name and address: (Family name followed by given name; for a legal entity, full official designation fine address must include postal code and name of country. The country of the address induced in his Box is the applicant of the states indicated for the purposes of: 13/2, Jayalakshmipuram First Street, Nungambakkam, Chennai 600034 Tamil Nadu, India State (Ithat is, country) of nationality: IN This person is applicant all designated Implications of the states indicated in this for the purposes of: 15/2, Jayalakshmipuram First Street, Nungambakkam, Chennai 600028 Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S) Name and address: (Family name followed by given name; for a legal entity, full official designation for the purposes of: 15/2, Jayalakshmipuram First Street, Inventory of residence: 15/2, Jayalakshmipuram First Street, Inventory of residence in inventor inventor only official control of the supplemental Box 15/2, Inventory of nationality: In This person is applicant only of nationality: In This person is applicant only official designated of the supplemental Box 15/2, Jayalakshmipuram First Street Nungambakkam, Chennai 600034 Tamil Nadu, India State (Ithat is, country) of nationality: In This person is applicant only of	international application be processed			
A method and system for transforming a heterogeneous compound document to a desired formats based on a prescribed model Box No. II APPLICANT		Applicant's or agent's (if desired) (12 characte	file reference ers maximum) SA	NKHYA:INT:003
Sex No. II	Box No. I TITLE OF INVENTION	<u>. </u>		
Name and address: (Family name followed by given name: for a legal entity: full official designation. The address must include postal code and name of country: The country of the address indicated below.) SANKHYA TECHNOLOGIES PRIVATE LIMITED Third Floor, "Jayashree" 13/2, Jayalakshmipuram First Street, Nungambakkam, Chennai 600034 Tamil Nadu, India State (that is, country) of nationality: IN State (that is, country) of residence: IN Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S) Name and address: (Family name followed by given name: for elegal entity, full official designation in the purposes of: State (that is, country) of residence: IN Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S) The address that the country of residence in of America only in the Supplemental Box Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S) The address that the postal code and same of the country of residence is indicated below.) GOPI KUMAR BULUSU Third Floor, "Jayashree" 13/2, Jayalakshmipuram First Street Nungambakkam, Chennai 600034 Tamil Nadu, India State (that is, country) of nationality: IN This person is applicant only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office State (that is, country) of residence: IN This person is applicant only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office State (that is, country) of residence: IN This person is applicant only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office State (that is, country) of residence: IN This person is applicant only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office State (that is, country) of residence: IN This person is applicant only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office of the address in the States indicated on a continuation sheet. Box No. IV		geneous compou	nd document	to a desired
The address must include postal code and name of country. The country of the address indicated below.) SANKHYA TECHNOLOGIES PRIVATE LIMITED Third Floor, "Jayashree" 13/2, Jayalakshmipuram First Street, Nungambakkam, Chennai 600034 Tamil Nadu, India State (that is, country) of nationality: IN State (that is, country) of residence: IN This person is applicant and indicated below.) Box No. III FURTHER APPLICANT(S) ADDOR (FURTHER) INVENTOR(S) Sow is the applicant's State (that is, country) of residence: IN Share and address: (Family name followed by given name; for a legal entity. IN This person is applicant and or country) of residence: IN This person is applicant or state that is, country) of residence: IN The address must include postal code and came of country. The country of the address indicated in this low is the applicant's State (that is, country) of residence: IN This person is: GOPI KUMAR BULUSU Third Floor, "Jayashree" 13/2, Jayalakshmipuram First Street Nungambakkam, Chennai 600034 Tamil Nadu, India State (that is, country) of nationality: IN This person is applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office IN This person is applicant and inventor inventor are indicated states except inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office IN This person is applicant only inventor are indicated on a continuation sheet. Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE The person identified below is bereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as: Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. Part Called the competent International Authorities as: Name and address: (Family name followed by given name for a legal entity, full official desig	Box No. II APPLICANT This person	n is also inventor		
SANRHYA IECHNULOGIES PRIVATE LIMITED Third Floor, "Jayashree" 13/2, Jayalakshmipuram First Street, Nungambakkam, Chennai 600034 Tamil Nadu, India State (that is, country) of nationality: IN This person is applicant for the purposes of: States and address: (Family name followed by given name; for a legal entity, full official designated for the purposes of: State (that is, country) of nationality: IN This person is applicant Source in and address: (Family name followed by given name; for a legal entity of the address indicated in this Bos is the applicant is country) of residence is indicated below.) GOPI KUMAR BULUSU Third Floor, "Jayashree" 13/2, Jayalakshmipuram First Street Nungambakkam, Chennai 600034 Tamil Nadu, India State (that is, country) of nationality: IN This person is applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office Inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office Inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office Inventor only (If this check-box is marked, do not fill in below.) Applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office Inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office Inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office Inventor only (If this check-box is marked, do not fill in below.) Applicant is registration No. with the Office Inventor only (If this check-box is marked, do not fill in below.) Applicant is registration No. with the Office Inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with t	The address must include postal code and name of country. The country of t	he address indicated in this	Telephone No.	
13/2, Jayalakshmipuram First Street, Nungambakkam, Chennai 600034 Tamil Nadu, India State (that is, country) of nationality: IN This person is applicant for the purposes of: Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S) Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country) of residence: IN This person is: Box to the applicant's State (that is, country) of residence if no State of residence is indicated below.) GOPI KUMAR BULUSU Third Floor, "Jayashree" 13/2, Jayalakshmipuram First Street Nungambakkam, Chennai 600034 Tamil Nadu, India State (that is, country) of nationality: IN This person is applicant for the purposes of: IN State (that is, country) of nationality: IN This person is applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office State (that is, country) of nationality: IN This person is applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office State (that is, country) of nationality: IN This person is applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office State (that is, country) of nationality: IN This person is applicant for the purposes of: State (that is, country) of nationality: IN This person is applicant and/or (further) inventors are indicated on a continuation sheet. Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as: Name and address: (Family name followed by given name, for a legal entity, full official designation. The address must include postal code and name of country.) DePENNING & DePENNING, 31 South Bank Road, Chennai 600028, Tamil Nadu, India;		ITED	Facsimile No.	
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State (that is, country) of nationality: IN State (that is, country) of residence: IN This person is applicant for the purposes of: Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S) Name and address: (Family name followed by given name; for a legal entity, full official designation and in the Supplemental Box Box is the applicant state (that is, country) of residence is indicated in this Box is the applicant state (that is, country) of residence if no State of residence is indicated below.) GOPI KUMAR BULUSU Third Floor, "Jayashree" 13/2, Jayalakshmipuram First Street Nungambakkam, Chennai 600034 Tamil Nadu, India State (that is, country) of nationality: IN State (that is, country) of nationality: IN This person is applicant only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office State (that is, country) of nationality: IN This person is applicant and inventor in the Country of the Country of America only in the Supplemental Box Further applicants and/or (further) inventors are indicated on a continuation sheet. Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as: Name and address: (Family name followed by given name: for a legal entity, full official designation. The address must include postal code and name of country.) DePENNING & DePENNING, 31 South Bank Road, Chennai 600028, Tamil Nadu, India; represented by Banerjee BL, Bhattacharya RP, Menon MVG, Nair RR State (that is, country) of residence: IN IN IN IN IN IN IN IN IN I				
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Chennai 600028, Tamil Nadu, India; represented by Banerjee BL, Bhattacharya RP, Menon MVG, Nair RR Teleprinter No.	The address must include postal code and name of a	country.)		941128
Banerjee BL, Bhattacharya RP, Menon MVG, Nair RR				
and Solomon DJ	Banerjee BL, Bhattacharya RP, Menon MVG, Nair RR			741000
dandi@vsin.com	and Solomon DJ		dandi@vsnl.com	
Agent's registration No. with the Office				ion No. with the Office
Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the	Address for correspondence: Mark this check-box where space above is used instead to indicate a special address to	no agent or common rep which correspondence s	presentative is/has	been appointed and the

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Sheet	NIA	

Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)			
If none of the following sub-boxes is used, this sheet should not be included in the request.			
Name and address: (Family name followed by given name; for a legal entit The address must include postal code and name of country. The country of the Box is the applicant's State (that is, country) of residence if no State of residence MURALI DESIKAN Third Floor, "Jayashree"	e address indicated in this e is indicated below.) applicant only applicant and inventor		
13/2, Jayalakshmipuram First Street,	inventor only (If this check-box is marked, do not fill in below.)		
Nungambakkam, Chennai 600034 Tamil Nadu, India	Applicant's registration No. with the Office		
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This person is applicant all designated all designated for the purposes of:	I States except the United States the States indicated in the States of America only the Supplemental Box		
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This person is applicant all designated all designated for the purposes of: States all designated	d States except ales of America only the States indicated in the Supplemental Box		
Further applicants and/or (further) inventors are indicated on another continuation sheet.			

Sheet No				
Box No. V DESIGNAT	ions			
The filing of this request con filing date, for the grant of every contract of the grant of every contract of the state of the grant of	stitutes under Rule 4.9(a), the	ne designation of all Contrible and, where applicable,	racting States bound by the for the grant of both reg	e PCT on the international ional and national patents.
However,				
DE Germany is not de	signated for any kind of nati	onal protection		
KR Republic of Korea	is not designated for any kin	nd of national protection		
RU Russian Federation	n is not designated for any k	ind of national protection		•
the national law, of an earlie	be used to exclude (irrevocab r national application from w in these and certain other St	hich priority is claimed. S	rned in order to avoid the See the Notes to Box No. I	ceasing of the effect, under as to the consequences of
Box No. VI PRIORITY	CLAIM			
The priority of the following	earlier application(s) is hereb	by claimed:		
Filing date	Number		Where earlier application	is:
of earlier application (day/month/year)	of earlier application	national application: country or Member of WTO	regional application:* regional Office	international application: receiving Office
item (1)				
item (2)				
item (3)				
Further priority claims	are indicated in the Suppleme	ental Box.		
	ested to prepare and transmit t led with the Office which for t			
	em (1)	2) item (3) other, s	ee Supplemental Box
* Where the earlier application is an ARIPO application, indicate at least one country party to the Paris Convention for the Protection of Industrial Property or one Member of the World Trade Organization for which that earlier application was filed (Rule 4.10(b)(ii)):				
Box No. VII INTERNATIONAL SEARCHING AUTHORITY				
Choice of International Searching Authority (ISA) (if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):				
ISA / US				
Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority):				
Date (day/month/year) Number Country (or regional Office)				
Box No. VIII DECLARATIONS				
The following declarations	are contained in Boxes Nos	VIII (i) to (v) (mark the a	nnlicable	Number of

check-boxes below and indicate in the right column the number of each type of declaration):

Box No. VIII (i) Declaration as to the identity of the inventor

Number of declarations

Box No. VIII (ii)

Declaration as to the applicant's entitlement, as at the international filing date, to apply for and be granted a patent

Declaration as to the applicant's entitlement, as at the international filing date, to claim the priority of the earlier application

Box No. VIII (iv)

Declaration of inventorship (only for the purposes of the designation of the United States of America)

Declaration as to non-prejudicial disclosures or exceptions to lack of novelty

Box No. VIII (v)

Sheet	Nο	4

Box No. IX CHECK LIST; LANGUAGE OF FILING				
This international application contains: (a) in paper form, the following number of sheets:	This international application is accompanied by the following item(s) (mark the applicable check-boxes below and indicate in right column the number of each item):	Number of items		
request (including	1. Tee calculation sheet	:		
declaration sheets) : 4	2. X original separate power of attorney	;		
description (excluding sequence listing and/or	3. original general power of attorney	:		
tables related thereto) : 28	4. copy of general power of attorney; reference number, if any:			
claims : 7				
abstract : 1	5. ☐ statement explaining lack of signature 6. ☐ priority document(s) identified in Box No. VI as	•		
drawings : 4	item(s):	:		
Sub-total number of sheets : 44 sequence listing :	7. translation of international application into (language):	:		
tables related thereto : (for both, actual number of	8. separate indications concerning deposited microorganism or other biological material			
sheets if filed in paper form, whether or not also filed in	9. Sequence listing in computer readable form	•		
computer readable form; see (c) below) —————	 (indicate type and number of carriers) (i) ☐ copy submitted for the purposes of international search under 			
Total number of sheets : 44	Rule 13 ter only (and not as part of the international applicatio (ii) (iii) (only where check-box (b)(i) or (c)(i) is marked in left column) additional copies including, where applicable, the copy for the			
(b) only in computer readable form (Section 801(a)(i))	additional copies including, where applicable, the copy for the purposes of international search under Rule 13 <i>ter</i>	:		
(i) ☐ sequence listing (ii) ☐ tables related thereto	(iii) together with relevant statement as to the identity of the copy copies with the sequence listing mentioned in left column	ог :		
(c) also in computer readable form (Section 801(a)(ii))	 tables in computer readable form related to sequence listing (indicate type and number of carriers) 			
(i) sequence listing (ii) tables related thereto	(i) copy submitted for the purposes of international search under Section 802(b-quater) only (and not as part of the internations	al .		
Type and number of carriers (diskette,	application) (ii) (iii) (only where check-box (b)(ii) or (c)(ii) is marked in left column)	;		
CD-ROM, CD-R or other) on which are contained the	additional copies including, where applicable, the copy for the purposes of international search under Section 802(b-quater)	e :		
sequence listing:	(iii) together with relevant statement as to the identity of the copy copies with the tables mentioned in left column	or		
tables related thereto:	·	:		
(additional copies to be indicated under items 9(ii) and/or 10(ii), in right column)	11. other (specify):	•		
Figure of the drawings which should accompany the abstract:	Language of filing of the international application:			
Box No. X SIGNATURE OF APPLICAN	Γ, AGENT OR COMMON REPRESENTATIVE			
Next to each signature, indicate the name of the person sig	ning and the capacity in which the person signs (if such capacity is not obvious from readin	g the request).		
MVG	MENON			
OF DePENNING &				
AGENT FOR THE APPLICANTS				
For receiving Office use only				
Date of actual receipt of the purported international application:	2. Drav	wings:		
	re	ceived:		
Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:				
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